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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 201487/1030 (SEN-002PCT-US)
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.		
In re Application of Karube et al.		Application Number 09/623,970 Filed March 12, 1999
For SITE-SPECIFIC CELL PERFORATION TECHNIQUE		
Group Art Unit 1636	Examiner Bronwen M. Loeb	
Signature: _____ Name: _____		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate entity fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)	\$ _____	
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)	\$ _____	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)	\$ _____	
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)	\$985.00	
<input checked="" type="checkbox"/> Applicant claims small entity status.		
<input checked="" type="checkbox"/> A check to cover the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record.		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
June 9, 2003 Date		<u>Michael L. Goldman</u> Signature Michael L. Goldman Typed or printed name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

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